

2014 City of Springfield Retiree Monthly Insurance Premiums
Effective January 1, 2014 – December 31, 2014



Insurance Rates with \$115.05 City paid stipend applied:

(for retired employee and dependents until retired employee is Medicare eligible)

Medical Only (less stipend) Total Due:

Coverage Type:	HIP	PPO
Single	\$ 440.75	\$ 565.89
Two party	\$1,106.91	\$ 1,382.07
Family	\$1,550.51	\$ 1,925.57

Medical (less stipend) plus Dental Total Due:

Coverage Type:	HIP	PPO
Single	\$ 505.75	\$ 630.89
Two party	\$1,210.97	\$ 1,486.13
Family	\$1,722.13	\$ 2,097.19

Insurance Rates without stipend:

(for dependents on plan after retired employee is Medicare eligible, or dental only option)

Medical only Total Due:

Coverage Type:	HIP	PPO
Single	\$ 555.80	\$ 680.94
Two party	\$1,221.96	\$ 1,497.12
Family	\$1,665.56	\$ 2,040.62

Dental Only Total Due:

Coverage Type:	HIP	PPO
Single	\$ 65.00	\$ 65.00
Two party	\$ 104.06	\$ 104.06
Family	\$ 171.62	\$ 171.62

Medical plus Dental Total Due:

Coverage Type:	HIP	PPO
Single	\$ 620.80	\$ 745.94
Two party	\$1,326.02	\$ 1,601.18
Family	\$1,837.18	\$ 2,212.24